



**Forest Lake  
Soccer Association**

P.O. Box 442  
Forest Lake, MN 55025  
www.forestlakesoccer.org

**COACH/VOLUNTEER  
APPLICATION – Summer 2011**

LAST NAME: \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ SHIRT SIZE: AS AM AL AXL

**Volunteer Position:** (circle all that apply)

- COACH      ASST. COACH      TEAM MANAGER      FIELDS      EQUIPMENT
- UNIFORMS      REFEREE      COMMUNICATIONS      FUND RAISING      COMMITTEE MEMBER
- OTHER \_\_\_\_\_

**\* \* \* \* Coach Applicants \* \* \* \***

<p style="text-align: center;"><b><u>BOYS</u></b></p> <p>U9    U10    U11    U12    U13 U14   U15    U16    U17    U18</p>	<p style="text-align: center;"><b><u>GIRLS</u></b></p> <p>U9    U10    U11    U12    U13 U14   U15    U16    U17    U18</p>
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**Why would you like to be a coach/volunteer?** (Use back sided if needed)

**What has been your coaching experience?**      **Coach License Level:** \_\_\_\_\_

**Would you consider co-coaching?**      Yes      No

**Comments:** (Use back sided if needed)

I understand that this is a commitment to the team and their parents in a traveling program. I understand that there are coaches clinics, team practices, team communication and club participation involved for the entire season. I also understand that I will be interviewed by a coaches selection committee. I also understand that I will have to fill out a volunteer disclosure statement as part of MYSA risk management policy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Forest Lake Athletic Association  
Forest Lake Soccer Association

**Coaches'/Volunteer Code of Conduct 2011**

I hereby pledge to live up to the FLAA Coaches Code of Conduct.

1. I will be a consistent role model. I will maintain personal and professional integrity both on and off the field.
2. I will promote the emotional, physical, academic and athletic dimensions of the athlete.
3. I will place the emotional and physical well being of the athlete ahead of any personal desire to win.
4. I promise to win and loose with dignity and integrity.
5. I will practice open communication with players and parents.
6. I will keep the game and practices fun as well as challenging and provide a positive athletic experience.
7. I will practice good sportsmanship by demonstrating fair play and positive support for the players, coaches and officials at every game.
8. I will refrain from use of drugs, alcohol and tobacco when on the playing field or when with the players.
9. I will remember that I am a youth coach, and that the game is for children and not adults.
10. I will provide a safe play situation and use coaching techniques appropriate for each player.

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Signature

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Date

*Complete page 2 - FLAAA Contractor form*  
**FLAAA Independent Contractor Form**

This agreement made on this day \_\_\_\_\_, by and between the Forest Lake Athletic Association (FLAAA) and/or one of its subordinate organizations, \_\_\_\_\_ and \_\_\_\_\_ (coach, referee, umpire, other and/or contract laborer).      *(Circle One)*

FLAAA is a non-profit 501(c)3 organization that exists for the purpose of supporting youth activities in a positive manner in the State of Minnesota most specifically in the Forest Lake Area.

Contract person agrees to perform service in a manner that complies with the Code of Ethics approved by FLAAA.

All earnings by the contract person shall be paid by check at a rate previously agreed to by the contract person and the FLAAA representative. These payments must be submitted to the FLAAA Treasurer, for record keeping and audit compliance.

It is the responsibility of the contract person to report these earnings and that person is solely responsible for taxes owed on these earnings.

It is FLAAA's responsibility to issue an IRS Form 1099 if these earnings are at or over \$600 as required by Federal Law.

FLAAA is not responsible for any expenses occurred by the individual hired as a contractor unless previously agreed to in writing. This includes travel, meals, lodging, etc and then only in the amount for which receipts and an expense account form is submitted for payment. Either the FLAAA Board or its Subordinate Association's Board must approve this. If these expenses are deemed to be excessive there must be an agreed upon amount prior to them being paid.

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\_\_\_\_\_  
Signature of Contract Labor Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
**S/S # or Federal EIN**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Signature of parent or guardian if under 18 years of age

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\_\_\_\_\_  
Signature of FLAAA/Subordinate Representative (treasurer)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Representative